

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AD FILED		ATTORNEY AUTHORITY		ATTORNEY AUTHORITY ALTERNATIVE	
	CID	DEP	CID	DEP	CID	DEP
1	1					
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TOTAL IND.	8					
TOTAL DEP.	21	→	→	→	→	→
TOTAL CLAIMS	23	██████████	██████████	██████████	██████████	██████████

	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.						
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████